

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561121

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18		2				
19		2				
20		2				
21	1					
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28	1					
29		1				
30		1				
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40	1					
41		1				
42	1					
43		1				
44		1				
45		1				
46		1				
47						
48		1				
49		1				
50		1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			██████		██████	██████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53			1			
54			1			
55			1			
56			1			
57			1			
58			1			
59			1			
60			1			
61			1			
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95						
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97						
98						
99						
100						
TOTAL IND.			12		↓	↓
TOTAL DEP.			57		←	←
TOTAL CLAIMS			64		██████	██████